

ACSC DISTANCE LEARNING PROGRAM APPLICATION

PRIVACY ACT STATEMENT

1. **AUTHORITY:** 10 U.S.C. 8012. 2. **PRINCIPAL PURPOSE:** To obtain information for computer input from student voluntarily enrolled in the ACSC Associate Seminar/Correspondence Program. Use of SSN required to make positive identification of the individual and records. 3. **ROUTINE USES:** (1) Used to prepare data for input into the ACSC computer data base. This program enrolls, reenrolls, cancels, and graduates ACSC Associate Seminar/Correspondence Program students. (2) Information also forms the data base against which student writing assignments, attendance reports, and course completion can be correlated. 4. **DISCLOSURE:** Voluntary. However, if requested information is not furnished, there is no entry data for the computer program and enrollment cannot be accomplished.

INSTRUCTIONS: Check opposite the applicable item or fill in classroom data where required.

☐ CORRESPONDENCE (Course 37) CD ROM

☐ CYBER SEMINAR (Course 38) CD ROM

☐ CLASSROOM SEMINAR (Course 38) CD ROM

SSN

LAST NAME, FIRST NAME, MIDDLE INITIAL

CURRENT GRADE

DATE OF RANK (Year, Month & Date)

DSN DUTY PHONE

CATEGORY

NOTE: If Civil Service as well as eligible Reserve or ANG, check appropriate military rank only.

HOME MAILING ADDRESS

Major Selectee	03A	
Major	04	
Lt Colonel	05	
Colonel	06	

Civil Service Only: Enter GS Grade and check this block. (GS 11 or higher)

USAF - ANG, NON-EAD	C	
USAF - Regular	5	
USAF - Reserve, EAD	1	
USAF - Reserve, NON-EAD EAD	A	
CAP	7	
US Army-ACT/RES/NG	8	
US Navy-ACT/RES	9	
US Marine-ACT/RES	Q	
Foreign Military	F	
US Civil Service	P	

CITY OR APO

STATE

ZIP CODE OR APO NO.

If Civil Service as well as eligible Reserve or ANG, check appropriate Reserve or ANG blocks only.

* ECI cannot process without nine-digit TCO Zip plus Shred

* TEST CONTROL OFFICE ZIP CODE / SHRED

REQUEST FOR MATERIALS, RECORDS, OR SERVICE

1	2	3	4	5	6	7	8	9	S	10
									H	
									R	
									E	
									D	

☐ 1. Correct/Change NAME

☐ 7. Request Course Materials, Course _____

☐ 2. Correct/Change RANK

☐ 8. Request Course Exam, Course _____

☐ 3. Correct/Change SSN

☐ 9. Request Course Transcript (unofficial)

☐ 4. Correct/Change ADDRESS

☐ 10. Request Diploma Replacement (comments)

☐ 5. Correct/Change TCO ZIP and/or SHRED

☐ 11. Reenrollment (comments)

☐ 6. Request Test Score Postcard, Course _____

☐ 12. Miscellaneous (see comments)

COMMENTS

E-MAIL ADDRESS

SIGNATURE

STUDENT'S TELEPHONE NUMBER

DATE

OFFICE _____

(DSN if available)

HOME _____